



**RETAIL FOOD ESTABLISHMENT  
INSPECTION REPORT**

State Form 48669 (R2/2-05)  
SDH Form 51-0001

**GRANT COUNTY HEALTH DEPT.  
FOOD DIVISION  
401 SOUTH ADAMS STREET  
MARION, IN 46953**

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Wendy's</b>		Telephone Number 965 Establishment	Date of Inspection (mm/dd/yr) <b>2-15-22</b>	ID # <b>27</b>
Establishment Address (number and street, city, state, ZIP code) <b>1223 Wabash Ave Marion</b>		Owner <b>604-6126</b>		
Owner <b>Marion Restaurants INC</b>		Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) _____	Follow-up <b>NO</b>	Release Date <b>10 days</b>
Owner's Address <b>106 E 4th St Marion</b>			Summary of Violations: <b>C 1 NC — R —</b>	
Person in Charge <b>Kevin</b>			Menu Type (See back of page) <b>1 2 X 3 4 5</b>	
Responsible Person's E-mail _____				
Certified Food Handler <b>Lana Quirk Exp 2-13-2023</b>				

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
<b>345</b>	<b>C</b>		<b>Hand Sink in Dishwash area has a dark liquid residue; Handwash only</b>	<b>Today</b>

Received by (name and title printed): <b>Kevin Page</b>	Inspected by (name and title printed): <b>Scott Kikendall</b>
Received by (signature): 	Inspected by (signature): 
cc:	cc: